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SERIAL NUMBER 10/687,375	FILING DATE 10/15/2003 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. BIZ-1
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/418,929 10/16/2002 *

(*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 04/27/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 21	TOTAL CLAIMS 99	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

System and method to evaluate crop insurance plans

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 1462		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)

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